Application	or Docket	Number
Application	OI DOCKEL	MOHIDE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS AS	S FILED -	· PART !	l		5	SMALL E	NTITY		OTHER	THAN		
			(Column 1)		(Colu	mn 2)		TYPE		OR				
TOTAL CLAIMS			12	12				RATE	FEE	7	RATE	FEE		
FOR NU		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00			
TC	OTAL CHARGEA	ABLE CLAIMS	12 mir	nus 20=	*	U		X\$ 9=	0	OR	X\$18=			
INE	DEPENDENT CL	LAIMS .	mi	inus 3 =	*	O		X43=	0	OR	You			
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	•				+145=	D	OR				
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL	%(OR	<u> </u>			
	С	LAIMS AS A	MENDEC) - PAR	TH			•		2	OTHER			
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colum	nn 2)	(Column 3)	, –	SMALL		OR	SMALL E	,		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Independent	* ENTATION OF MU	Minus	***	- OL A 184	=		X43=		OR	X86=			
	FIRST PRESE	NIAHUN UF INIC	JLI IPLE DEF	,FNDEIA1	CLAlivi			+145=		OR	+290=			
							L _	TOTAL DDIT. FEE		1	TOTAL ADDIT. FEE			
		(Column 1)	•	(Colum	nn 2)	(Column 3)	.^	DUII. FEL B			AUDH, FEEE			
~		CLAIMS		HIGHE	EST		ļ		ADDI-	l f		ADDI-		
AMENDMENT B	,	REMAINING AFTER AMENDMENT		PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***		= .		X43=		OR	X86=			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		 -	145_			200-			
							L	+145= TOTAL		OR	+290= TOTAL			
							Αſ	DDIT. FEE		OR ,	ADDIT. FEE			
		(Column 1)		(Colum		(Column 3)								
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN NDN	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=			
AME	Independent	i i	Minus	***		=		X43=		OR	X86=	-		
لــــ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM					İ				
* 1	f the entry in colu	ma 1 ie loes than th	eastry in colu	2 write	"O" in colu	·ma a .	L	+145=		OR	+290= TOTAL			
				IIII C. WILL	Unitous	IIIII J.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							
**	If the "Highest Nun	mber Previously Pai	aid For IN THIS	S SPACE is	less than		AL			OR ,	ADDIT. FEE			